

I asked COL Taylor for some of her time because I wanted to share with this audience the role of the hospital food service during a time at war.

How many 91M's are in the audience?

How many of you have never seen a CSH or FH food service set up?

When I deployed I found that hospitals' needs and capabilities were not understood or considered when ordering rations for the theater.

My objective is to make all 92G's aware of the MFF system and emphasize the need for priority in feeding of patients.



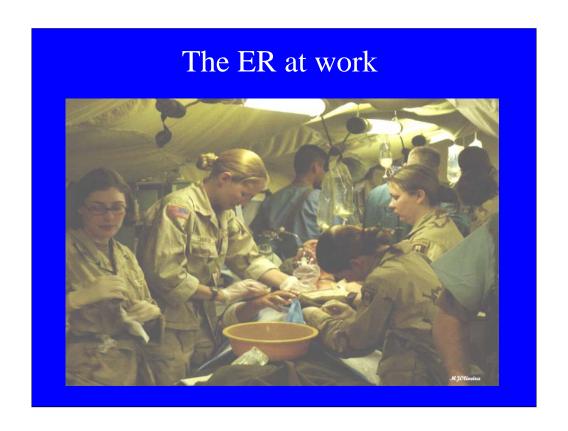
Hospitals, while advertised as Deployable Medical Systems, are not very mobile. It takes a lot of soldier power and teamwork to move and establish a full up CSH. It comes equipped with pharmacy, x-ray, lab, and OR.



As you can see it takes a lot of land space to set one up. Land space was fairly available in the desert. The hospital is set up just like the old contonment hospitals of the past. Every ward is a separate tent.



With an evacuation system as sophisticated as we have today, why do we deploy hospitals? Because not every injured patient can tolerate long evacuations, and top notch emergency medical care is what is expected by the American Army.



Emergency treatment is vital for saving lives.



Emergency surgery can be conducted around the clock.



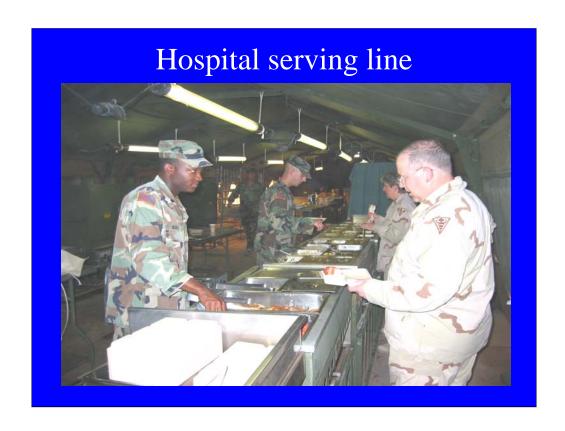
American CSH's are also responsible for saving life, limb, or eyesight of injured civilians on the battlefield.



EPW's are to receive care as if they were one of ours.



The care of injured civilians became overwhelming during OIF because of the looting and degradation of Iraqi hospitals.

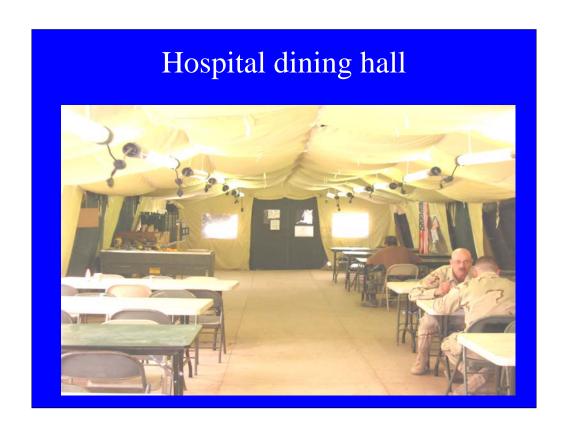


In most pre-established deployments, i.e. after contracts are established and the base-camp is well established, hospitals are expected to feed out of the local DFAC and mermite the food to the patients.

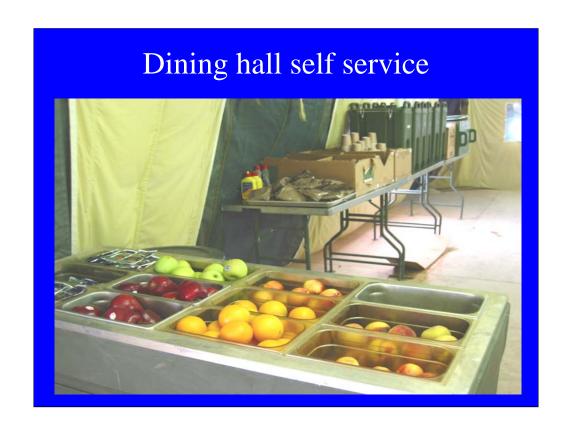
While I don't agree with doing business this way, I understand the economics of it.

But, during initial hostilities and early establishment, hospitals must feed themselves and this should be clearly understood and supported by the quartermaster side of food service.

Pictured is a typical serving line in a Field Hospital.



Here was the dining hall for the 115^{th} FH. They had to wait 6 weeks for their tables and chairs to arrive by boat.



This was the self service area of the Dining hall.



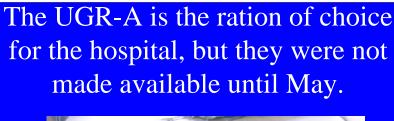
I caught a great deal of flack for insisting that hospitals follow the guidelines of AR 30-22 and feed patients and staff. The CFLCC G-4 kept accusing me of "catering to the docs". But this isn't catering to the docs.



Nor is this.



Or this





The best we could get for the patients were UGR-A rations, but because the troops were not equipped to serve these in the field, none were ordered for the theater and it was almost impossible to get them before the May shipment arrived.

Imagine feeding sick and injured GI's UGR-H&S rations for 6 weeks straight, omitting all port menus!



It is difficult at best to serve the patient a hot, palatable, attractive meal. But this is the ultimate challenge for the MFF team of any deployed hospital.



We created and purchased through DLA a pallet of Medical Nutrition Supplements, that when added to the UGR menu allowed the 91M's to prepare basic surgical and post operative liquid and soft diets.

Our biggest challenge with this was to get it to the hospitals without major pilferage in transport!

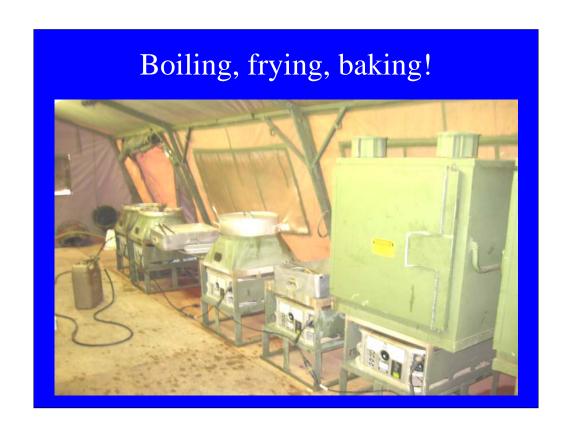


The hospital kitchen is fully equipped and staffed to meet all the needs of the patients. We just need to supply the proper rations.

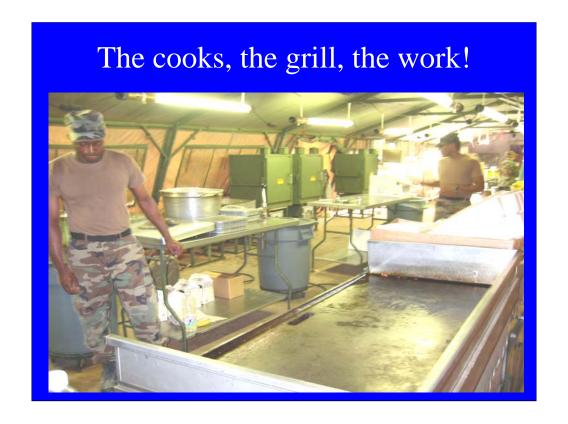
Here you can see the full length of the kitchen itself.



Storage and work areas.



Putting the MBUs to use.



The ever important grill.

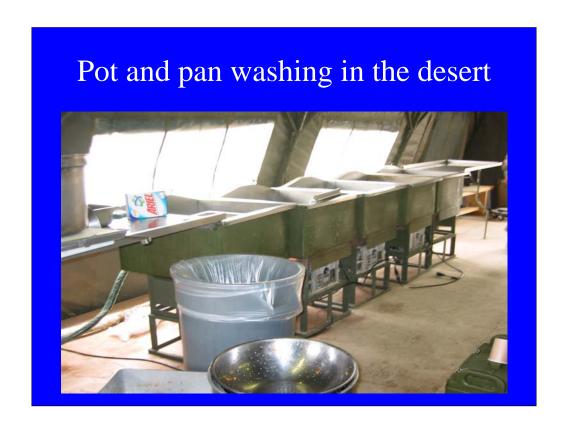


Operational Ration storage.



The sanitation center is what makes the hospital MFF system superior in capabilities.

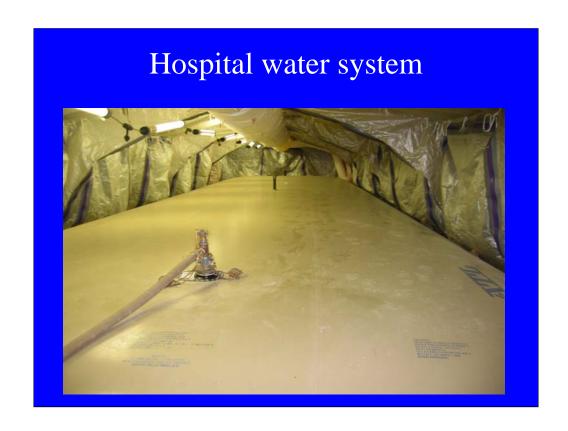
Of course when our hospitals first arrived you couldn't even find basic cleaning supplies. OOPS!



The new sanitation trailers are utilizing this type of equipment now, but hospitals have had this capability for over 10 years



Hospitals also have refrigeration available and I worked closely with the Log-cap system to provide additional refrigeration, but we still couldn't get the right rations.



The water system for the hospital is protected from the harsh environment and chemical attack.



The CPDEPMEDS (chemical protection system) was made available for all of the EAC hospitals. This is an additional lining within the hospital that can be sealed if needed protecting all inside.

Hospitals are designed to be "mini" cities with staff and equipment to make them totally self sufficient.



But, the ration mix must be upgraded to accommodate this competency level.

The supply system was so bogged down receiving and delivering "just in time" MRE's that were the only meals available to forward deployed troops long beyond the 21 day continuous use recommendation by The Surgeon General.

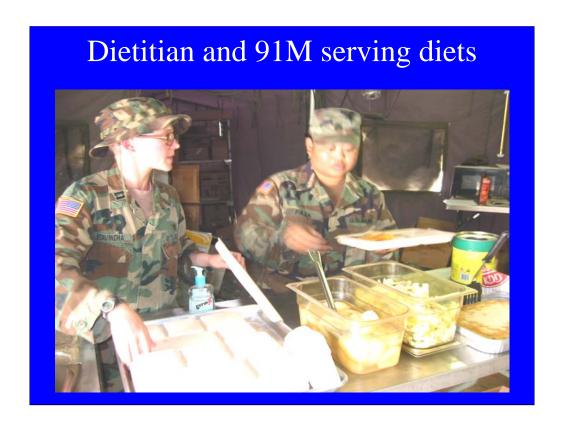


Creating long convoys that went on and on as far as the eye could see.

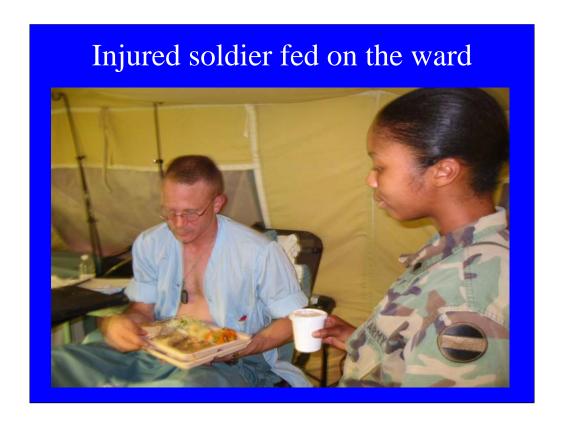
These transporters were some of the true heroes of OIF.



But, the soldier being cared for in our war time hospitals deserves more priority. We give him/her the best medical care possible, but we refuse to feed him a descent meal!



This is why Dietitians and 91M's are a critical part of the hospital. The MFF team deserve the best rations the Army has to offer. because they are trying to feed the best soldiers in the world.



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